

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000086409**

**1. Corporation Name**

Catering By Alyse, Inc.

**2. Principal Office Address**

555 NE 34 St

Suite, Apt. #, etc.

PH 4

City & State

MIAMI, FL

Zip

33137

Country

**3. Mailing Office Address**

555 NE 34 St.

Suite, Apt. #, etc.

PH 4

City & State

MIAMI, FL

Zip

33137

Country

**REINSTATEMENT**

**4. Date Incorporated or Qualified**

To Do Business in Florida 1999

**5. FEI Number**

65-0868166

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ALISA MCGOWAN

Street Address (P.O. Box Number is Not Acceptable)

555 NE 34 ST

Suite, Apt. #, Etc.

PH 4

City

MIAMI

State

FL

Zip Code

33137

800030945568  
03/23/04--01102--006 \*\*450.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ALISA MCGOWAN	555 NE 34 ST, PH 4	MIAMI, FL 33137

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

ALISA MCGOWAN 3/13/04

305-576-6115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2/28/04

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

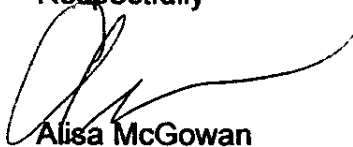
Re: Letter of Explanation # P 98 0000 86409  
Catering By Alyse, Inc.

Whomever is Concerned;

I would like to reinstate my corporation. I have not received notices to renew my corporation in 2002, 2003, and 2004, and I was unaware that this had to be done.

Therefore I would like to reinstate my company without paying any late fees. I am enclosing \$450, \$150 for each year. If you have any questions or need additional information please do not hesitate to contact me at 305-576-6115.

Respectfully



Alisa McGowan  
President  
Catering by Alyse, Inc.